

Date (fecha): \_\_\_\_\_

Dear Parents/Legal Guardians (Estimado Padre/Guardin legal):

Our school has a health program that is designed to improve, protect, and promote the health of the child. Teeth are meant to last for a lifetime and proper daily care, diet, dental supervision, and treatment can do much to accomplish this goal. It is important for children to have periodic examinations by a dentist throughout the school years, a time when primary teeth are being replaced with permanent teeth and when dental decay is extremely common. In the interest of better dental health, would you **please have your child take this form to your dentist at the time of their next appointment, ask your dentist to complete the form, and then return it to school to the Health Office.** *(Nuestra escuela tiene un programa de salud diseñado para mejorar, proteger y promover la salud del niño. Los dientes están destinados a durar toda la vida y el cuidado diario adecuado, la dieta, la supervisión dental y el tratamiento pueden hacer mucho para lograr esta meta. Es importante que los niños sean examinados periódicamente por un dentista a lo largo de los años escolares, un momento en que los dientes primarios están siendo reemplazados por dientes permanentes y cuando la caries dental es extremadamente común. En interés de una mejor salud dental, por favor, haga que su hijo tome este formulario a su dentista en el momento de su próxima cita, pídale a su dentista que complete el formulario y luego devuélvalo a la escuela a la Oficina de Salud).*

Thank you for your cooperation in this matter.

Natalie Cresitello, RN - School Nurse *(la enfermera)*

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### REPORT OF DENTAL EXAMINATION

Name of Scholar: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

This is to certify that I have examined the teeth of the above named scholar and

1. All necessary dental work has been completed
2. Treatment is in progress (please indicate below)
3. No dental work is necessary

Further recommendations: \_\_\_\_\_

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Signature of Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Please print (or stamp) name of Dentist and address: \_\_\_\_\_

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**RETURN THIS TO YOUR CHILD'S SCHOOL**